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TIN

	Application Number	10/632,635	
TRANSMITTAL FORM	Filing Date	August 1, 2003	
	First Named Inventor	Jordi Moncada-Elias	
	Art Unit	2616	
of feet the second seco	Examiner Name	Pham, Brenda H.	

(to be used for all correspondence after initial filing)		Examiner Name		Filalli, bit	silva i i.				
		Attorney Docket N	umber	FOUND-0070 (034103-070)					
ENCLOSURES (check all that apply)									
Fee Transmittal Form w/copy	Drawing(s)		After Allowance Communication to TC Appeal Communication to Board						
☐ Fee Attached  ☐ Amendment / Reply (20 pages)	Licensing-related Papers  Petition			Appeal	eals and Interferences Communication to TC Notice, Brief, Reply Brief)				
After Final	Petition to Convert to a Provisional Application			Propriet	ary Information				
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address			Status Letter					
Extension of Time Request	Terminal Disclaimer			Other Enclosure(s) (please identify below):					
Express Abandonment Request	Request for Refund			Return Post	card				
	CD, Number of CD(s)								
Information Disclosure Statement									
Certified Copy of Priority Document(s)	Remarks								
Reply to Missing Parts/ Incomplete Application									
Reply to Missing Parts under 37 CFR1.52 or 1.53									
SIGN	NATURE OF A	APPLICANT, ATTOI	RNEY, OF	RAGENT					
Firm Name	THELEN REID BROWN RAYSMAN & STEINER LLP								
Signature	MAN								
Printed Name	John P. Schaub				٠٠٠.				
Date	January 22, 2008 Reg. No		Reg. No.	<sup>2.</sup> 42,125					
	CERTIFICA	TE OF TRANSMISS	ION/MAI	LING					
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.									
Signature KMU	Morro								
Typed or printed name karen A. Rogers				Date	January 22, 2008				

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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anigulation of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2008 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  Complete if Known  Application Number 10/632,635 Filing Date August 1, 2003 First Named Inventor Examiner Name Art Unit 2616 Attorney Docket No. FOUND-0070 (034103-070)  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):	
Filing Date August 1, 2003    Applicant claims small entity status. See 37 CFR 1.27   Examiner Name   Pham, Brenda H.	
Applicant claims small entity status. See 37 CFR 1.27  Examiner Name Pham, Brenda H.  Art Unit 2616 Attorney Docket No. FOUND-0070 (034103-070)  METHOD OF PAYMENT (check all that apply)	
Art Unit   2616	
TOTAL AMOUNT OF PAYMENT (\$) 270.00 Attorney Docket No. FOUND-0070 (034103-070)  METHOD OF PAYMENT (check all that apply)	_
METHOD OF PAYMENT (check all that apply)	
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :	
Deposit Account Deposit Account Number: 50-1698  Deposit Account Name: Thelen Reid Brown Raysman & Store Sto	—— einer
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing	ı fee
☐ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments	,
Under 37 CFR 1.16 and 1.17	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	
FEE CALCULATION	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH FEES  EXAMINATION FEES	
Small Entity Small Entity Small Entity	
Application Type Fee (\$) Fee(\$) Fee(\$) Fee(\$) Fee(\$) Fee(\$)	(\$) <u>t</u>
Utility 310 155 510 255 210 105	
Design 210 105 100 50 130 65	
Plant 210 105 310 155 160 80	
Reissue 310 155 510 255 620 310	
Provisional 210 105 0 0 0 0	
2. EXCESS CLAIM FEES <u>Small Entit</u>	¥
Fee Description Fee (\$)	¥
Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5025	·Υ
Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5025Each independent claim over 3 (including Reissues)210105	¥
Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5025Each independent claim over 3 (including Reissues)210105	_
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Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5025Each independent claim over 3 (including Reissues)210105Multiple dependent claims370185Total ClaimsExtra ClaimsFee (\$)Fee Paid (\$)Multiple Dependent	Claims
Fee Description         Fee (\$)         Fee (\$)           Each claim over 20 (including Reissues)         50         25           Each independent claim over 3 (including Reissues)         210         105           Multiple dependent claims         370         185           Total Claims         Extra Claims         Fee (\$)         Fee Paid (\$)          20 or HP= 3         x 50         = 150.00         Fee (\$)         Fee (\$)	Claims
Fee Description         Fee (\$)         Fee (\$)           Each claim over 20 (including Reissues)         50         25           Each independent claim over 3 (including Reissues)         210         105           Multiple dependent claims         370         185           Total Claims         Extra Claims         Fee(\$)         Fee Paid (\$)           — -20 or HP= 3         x 50         = 150.00         Fee (\$)         Fee (\$)           HP = highest number of total claims paid for, if greater than 20.         Fee Paid (\$)         Fee Paid (\$)           Indep. Claims         Extra Claims         Fee(\$)         Fee Paid (\$)	_
Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5025Each independent claim over 3 (including Reissues)210105Multiple dependent claims370185Total ClaimsExtra ClaimsFee(\$)Fee Paid (\$)HP = highest number of total claims paid for, if greater than 20.Multiple DependentIndep. ClaimsExtra ClaimsFee(\$)Fee Paid (\$)HP = highest number of independent claims paid for, if greater than 3.	Claims
Fee Description         Fee (\$)         Fee (\$)           Each claim over 20 (including Reissues)         50         25           Each independent claim over 3 (including Reissues)         210         105           Multiple dependent claims         370         185           Total Claims         Extra Claims         Fee(\$)         Fee Paid (\$)           — -20 or HP= 3         x 50         = 150.00         Fee (\$)         Fee (\$)           HP = highest number of total claims paid for, if greater than 20.         Fee Paid (\$)         Fee Paid (\$)           Indep. Claims         Extra Claims         Fee(\$)         Fee Paid (\$)	Claims

SUBMITTED BY				
Signature	WN	Registration No. (Attorney/Agent) 42,125	Telephone	408.292.5800
Name (Print/Type)	John P. Schaub		Date	Jan. 22, 2008

Number of each additional 50 or fraction thereof

\_\_\_\_ (round up to a whole number) x

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

/ 50 =

Non-English Specification, \$130 fee (no small entity discount)

Total Sheets Extra Sheets

Other (e.g., late filing surcharge): 1 mo. ext.

- 100 =

4. OTHER FEE(S)



Attorney Docket No.: FOUND-0070 (034103-070)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:

Jordi Moncada-Elias

SERIAL NO.:

10/632,635

**CONFIRMATION NO.: 2769** 

FILING DATE:

August 1, 2003

TITLE:

System and Method for Enabling a Remote Instance of a Loop Avoidance

Protocol

**EXAMINER:** 

Pham, Brenda H.

TEL: (571) 272-3135

ART UNIT:

2616

FAX: (571) 273-8300

## **CERTIFICATE OF MAILING**

I hereby certify that this paper is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450, on the date printed below:

Date: \_\_\_\_January 22, 2008

Mail Stop: Amendment **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

## AMENDMENT AND RESPONSE TO OFFICE ACTION

Dear Sir:

This paper is responsive to the Office Action mailed September 19, 2007. Please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims, which begins on page 8 of this paper.

Remarks begin on page 13 of this paper.

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